

Reliance Care Homes Limited

Abbegale Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection of Abbegale Lodge took place on 16 August 2018.

Abbegale Lodge is a residential home which can accommodate up to 41 people. The home is split into three sections, residential, referred to as 'The Lodge' residential EMI referred to as 'The Unit' and younger adults with mental health needs, referred to as 'The Villa.' At the time of our inspection there were 27 people living across the three separate areas of the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this service in May 2017. During this inspection we found a breach of regulation in relation to safe care and treatment. This was because some of the environmental checks on the building were not always completed, and we could not be sure if suitable action had been taken to protect people against the risk associated with this. After our inspection the registered provider sent us an action plan detailing what steps they were going to take to rectify these concerns, we checked this during this inspection and found that improvements had been made and the provider was no longer in breach of this regulation.

We found at our last inspection in May 2017, the governance systems required improving. This was because they had not highlighted the concerns we found in relation to the environmental checks. We checked these had been improved during this inspection and found that they had.

We made a recommendation at our last inspection in relation to the Mental Capacity Act 2005. This was because there were some records which contained conflicting information. We saw during this inspection that most information regarding people's capacity needs was clear and concise.

Training was recorded for each staff member in the training matrix. Training was a mixture of classroom based courses and E-learning sets. All new staff completed a twelve week induction process. We discussed specific training needs for staff who supported people with complex mental health problems. We saw that staff engaged in a basic programme of training, however, there was no specific training centred around people with enduring mental health needs. We have made a recommendation about this.

All of the staff we spoke with said that the service had improved since the new registered manager took up post 12 months ago.

Everyone we spoke with said that the food was of good quality, and there was clear improvement in the choices of food. The ordering processes for the food had changed since the last inspection and the chef told us this was a lot better.

There was a process in place to ensure staff were suitably recruited to enable them to work with vulnerable people. This included a police check, (referred to as a DBS) which standards for disclosing and barring service. Two verified references for staff, and proof of identification.

Staff were able to describe the course of action they would take if they felt someone was being harmed or abused, and all staff had been trained in safeguarding and discussed the action they would take to alert the appropriate professionals.

Risk assessments were reviewed every month, and written in way which explained what the risk was to the person and how the staff should reduce or manage the risk.

Medications were well managed and stored safely. Regular stock balance audits took place on medication by the registered manager and supporting pharmacist. Trolleys were kept locked when not in use and the temperature of the room was taken twice daily.

People had regular input from district nurses when they needed it as well as other medical professionals. The home was a member of the Care Home Innovation Programme (CHIP) and made use of this facility. The service worked in conjunction with physiotherapists, health nurses (RMN)s and psychiatrists to ensure people had effective care and treatment.

We observed kind and caring interactions between staff and people who lived at the home. Staff spoke kindly and fondly about people, and demonstrated a good knowledge about them, their likes and their needs. People told us they liked the staff and felt that they were kind to them.

People were supported to eat and drink in accordance with their needs. People, who were assessed as at risk of weight loss, had appropriate documentation in place to monitor their food and fluid intake. Where specialist diets were needed for some people, the chef had knowledge of this.

Most areas of the home and some people's bedrooms had been refurbished to a high standard. The registered provider had clearly made some improvements to the fixtures and fittings of the home since our last inspection. There was, however, still some further improvements which were needed and were planned in for completion.

There were positive examples of person centred information in people's care plans. Since our last inspection the registered manager had introduced new documentation which was more in depth and provided more information about people, their likes, dislikes and how they wanted their support to be delivered.

There was a procedure in place to document and address complaints. Everyone we spoke with said they knew how to complain. The complaints procedure was displayed in the communal areas of the home.

Feedback was regularly gathered from people who lived at the home and their relatives and used to improve their experience of living at Abbegale Lodge. The registered manager had attempted to arrange meetings with relatives at certain points in the day, over a series of days, however most people did not attend.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medication was managed well by staff who were trained to do so.

Safety checks took place on the building and the equipment within it.

Staff were recruited safely and only offered positions once thorough checks had been completed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The staff had the correct training to reflect their roles, however there was a lack of specific training around people's complex needs. We have made a recommendation about this.

Staff received regular supervision and annual appraisals.

The service was working in accordance with the principles of the Mental Capacity Act and associated legislation.

The home was in the process of being redecorated, some areas of the home would benefit from further attention with regards to décor.

Is the service caring?

Good ●

The service was caring.

We observed kind, caring and familiar interactions between staff and people who lived at the home.

Staff spoke about people with kindness and gave examples of how they respected people's privacy.

People had been involved in their care plans where possible.

Is the service responsive?

Good ●

The service was responsive.

People received care which was right for them, and took into account their backgrounds, needs and wishes.

Complaints were appropriately responded to and documented in line with the service's policies and procedures.

People were supported sensitively with arrangements for end of life care

Is the service well-led?

Good ●

The service was well-led.

Everyone we spoke with said the home had improved in the last few months.

Quality assurance systems had improved, and regular checks were being completed by the manager and the provider.

There was a registered manager in post. People spoke positively about the registered manager.

Abbegale Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 August 2018 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience with particular expertise in care for older people living with dementia.

Before our inspection visit, we reviewed the information we held about Abbegale Lodge. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We also emailed some social care professionals to see if that had any information they wished to share with us. We received no feedback. We also accessed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We saw there had been a high number of falls in the home over the course of 12 months. We used this information to populate our 'planning tool' which helps us plan how the inspection needs to be conducted and what we would need to discuss at this inspection.

During our inspection we spoke with nine people who lived at the home and one relative. We also spoke with the registered manager, senior carer, the chef and four care staff. We looked at three people's care plans and associated documentation, four staff recruitment folders, and other documents relating to the safe running of the home.

Is the service safe?

Our findings

During our last inspection in May 2017 we found the service in breach of regulations in relation to safe care and treatment. This was because checks on the environment, such as the legionella, were not always being recorded or completed. We found some gaps in the recording of this information and could not be sure if suitable actions were taken to keep people safe from harm. After the inspection took place, the registered provider sent us an action plan which contained details of the steps they were going to take to correct this and improve the rating of this domain to good.

We saw during this inspection that the maintenance person and the registered manager had both undergone specific training in relation to legionella. In addition, we saw a new risk assessment and action plan had been put into place and all of the actions had been recorded as completed. Additional environment checks were well recorded and took place when they needed to, such as weekly checks on fire alarms and daily checks on fire exits and door closures. The registered provider was no longer in breach of regulation in relation to safe care and treatment.

We saw that all firefighting equipment had been checked, and new equipment was in place in various parts of the home to help people evacuate safely. Personal emergency evacuation plans (PEEP's) explained each person's level of dependency and what support they would require to ensure they were evacuated safely. We spot checked some of the other certificates for portable appliance testing (PAT), electric, gas, and legionella. These were all in date.

During our last inspection of the home in May 2017, we made a recommendation for the registered provider to review staffing levels. We saw during this inspection that staffing had been increased. All of the staff we spoke with told us there was enough staff on duty, and this had really improved.

Statistical information from our PIR indicated that the service had sent in a lot of notifications concerning people who had experienced unwitnessed falls at the home. We spent time discussing these incidents and accidents in general with the registered manager, as we wanted to be sure action was being taken to ensure falls were prevented as much as possible.

An analysis of the falls which was completed by the registered manager showed that most falls were occurring on the dementia side of the home. This was largely because people were mobile with the use of walking aids and often tried to walk on their own in their bedrooms. The registered manager had increased the staffing level to help manage the risk of falls and had also implemented assistive technology to people's bedrooms, such as pressure mattresses and door guards in attempt to alert staff if people were walking around unaided. This showed that the registered manager was trying to reduce risks to people and looking for solutions without further restricting their movements around the home.

We saw that risk assessments differed from person to person depending on their level of need. For one person whose main need was support around their mental health, their risk assessments contained information with regards to how to manage episodes of illness and how this might present itself. The risk assessment contained information with regards to how staff should interact with the person, including what

words or phrases usually worked and helped them, and what would make them worse.

Another risk assessment for someone else who lived at the home primarily focused on the need for pressure care relief and what the staff were required to do in order to reduce the chance of pressure sores developing. Information included, 'ensure the person has their pressure relief cushion on their chair,' and 'staff are to ensure a visual check of the person skin is completed everyday'. Risk assessments were reviewed every month or when there was a change in the person's needs.

Medicines were administered individually from the trolleys to people living at the home. Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range. We saw there was a thermometer on the wall where the trolleys were stored. Checking medications are stored within the correct temperature range is important because their ability to work correctly may be compromised.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine) and had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people became upset or anxious.

The medication administration records (MAR) included a picture that was sufficiently large enough to identify the person. We noted that the MAR charts had been completed correctly and in full.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

Staff were able to describe the course of action they would take if they felt someone was being harmed or abused. This included reporting the suspected abuse to the registered manager, the local authority or contacting the police, depending on the nature of the concern. Staff had been trained in safeguarding adults and understood the different levels of abuse and who might be most at risk. There was also a whistleblowing policy in place. The staff knew what whistleblowing was and said they would report concerns without delay. There had been no recent or on-going safeguarding concerns for us to discuss.

Robust systems were in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work. Disclosure and Barring Service (DBS) checks were completed for each member of staff prior to them commencing work. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with vulnerable adults. One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out.

We looked at the processes in place for infection control within Abbegale Lodge. We could see yellow bins were in place where needed and the registered provider had a contract in place for their disposal. In addition, there was hand gel dispensers in the corridors, which were checked regularly and replaced when necessary. We asked the staff about PPE (personal protective equipment) and were told there was always PPE available when they needed it, and this was regularly ordered from the supplier. The building was clean and we could see a cleaning schedule which was reviewed as part of the registered manager's quality

assurance process.

Is the service effective?

Our findings

During our last inspection we made a recommendation with regards to the Mental Capacity Act. This was because some information was inconsistently recorded in people's care plans, and best interest assessments were not always evident.

We saw during this inspection that the process in relation the MCA had been improved and we saw positive examples of capacity being assessed and for different aspects of care. For example, one person's capacity assessment clearly described what decisions they could make independently, and where they lacked capacity.

Additionally, we checked to see whether the conditions identified in the authorisations to deprive a person of their liberty were being met. The registered manager was knowledgeable about the MCA and DoLS and knew the CQC (Care Quality Commission) needed to be notified when the outcome of any applications were known. We saw that some people had conditions stipulated on their DoLS authorisations and these conditions were subject to continuous checking.

We saw that 'best interest processes' were being followed for people who had limited capacity and understanding of complex decision making. The need for 'best interest' processes were clearly identified in people's support plans. The service had documentation in place which was a simple question and answer session to check people's ability to make day to day decisions. Also the support they may need to make these decisions. Their answers were recorded which evidenced whether the person needed more support to understand and make day to day decisions or complex decisions depending on the outcome of the assessment. This showed the service was checking and recording people's ability to make choices for themselves and encouraging this where possible.

One visiting family member told us, "The staff are really good at what they do, I like the fact I don't leave here worrying about (relative)."

We looked at the training records for staff and an overview of what training was delivered to staff to help support them with their roles. We saw that training took place in some of the following areas; Health and Safety, Dementia, Mental Capacity, Safeguarding, First Aid, and Moving and Handling. We spot checked the training dates with those recorded on the training matrix to ensure dates matched. We also discussed training with the staff, and asked staff some questions about their training courses. This enabled us to determine if the training provided for staff was good quality and effective.

Even though the staff attended some awareness around supporting people with Mental Health needs, we saw from reviewing people's care plans that more in depth training around specific mental health triggers and support would benefit staff who were supporting people who lived in the home and had this need. At present there was no specific training in this area.

We recommend that the provider implements more specific training to enable staff to support people with

more complex mental health needs.

Staff received a one to one supervision every eight weeks, and all staff told us that the registered manager had an open door policy where they were able to request a supervision if they needed one. Appraisals took place annually.

New staff were required to undertake a twelve week programme of induction training which was aligned to the principles of the Care Certificate. The Care Certificate was introduced to care providers as a way to support newly recruited staff who had not completed any formal training in health and social care to develop the skills they needed. This was to be completed within the first twelve weeks of their employment. This programme would then be signed off by a more senior member of staff once completed.

We saw that various improvements had been made to the home since our last inspection. The registered manager discussed with us that the registered provider was accommodating when it came to redecoration and design of the home. It was evident that improvements had been made however, we made some further suggestions in relation to the dementia section of the home, and how that could be further improved in order to help support people's orientation around the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People we spoke with said that they enjoyed the food. We sampled the lunchtime menu and found it tasted good. One person we spoke with said the food was 'Lovely'. We spoke to the chef who said the approach to ordering food had improved since the new registered manager had taken over, and people had more choice and control over what they wanted to eat. The chef was knowledgeable around people's likes and dislikes, and knew who had specialised diets or followed a specific dietary plan. We saw minutes from resident's meetings which evidenced that people had been invited to speak about the menus and submit their views and opinions for any menu changes.

People were assessed prior to them being admitted to the home. The initial assessment process we viewed focused on people's needs and choices while taking into account the type of treatment and support they required. This is important because it ensures that the service is taking the time to meet people and find out about them before they come to the home, to make the transition as smooth as possible. We saw that this information had been transferred into people's care plans which were then reviewed every month for changes.

People were supported to access medical care when they needed it. Each person's care plan contained a log of professional's visits. These were completed by staff following each appointment people attended, including the reason for the appointment and the outcome.

Is the service caring?

Our findings

It was clear from our observations that staff knew the people they were supporting well and had good relationships with them. We observed tactile and caring interactions throughout the duration of our inspection and in particular at lunchtime when people required additional support and reassurance. One visiting family member told us, "The staff are spot on, they are just lovely with (relative). I am always made to feel welcome." Additionally, a person who lived at the home told us "They are nice people, we get on well." Everyone else we spoke with praised the staff for their caring attitudes and said they felt well cared for.

Staff we spoke with described how they protected people's privacy during personal care. This included closing doors and windows and covering people up with towels and blankets. One staff member discussed the importance of not discussing people's personal information in communal areas, as it would be breaking their confidentiality.

All of the staff we spoke with told us they enjoyed working at Abbegale Lodge and liked spending time with the people who lived there. When we asked the staff what they liked the most about working in the home, all of the staff said, "The residents." or "Everything".

Care plans were signed by people who were able to do this. For people who were not able to sign their own care plans we saw this had been done via a best interest processes. People who were able to had also signed consent forms within their plan of care to say they agreed with the plan, and have given permission for their records to be shared with appropriate professionals.

There was information provided for people with regards to the local advocacy agency. At the time of our inspection there was no one making use of this service.

During the inspection we checked if confidential and sensitive information was protected in line with General Data Protection Regulations (GDPR). All information was safely secured at the registered address and was not unnecessarily shared with others. The 'registered address' is the address which has been registered with CQC and is the address where all records and documentations should be safely stored.

Is the service responsive?

Our findings

People told us they received care and support which was person centred. Person centred means care which is based around the needs of the individuals and not the organisation.

Care plans contained information with regards to people's clinical need and how they needed support with areas such as moving and handling, nutrition and personal care. One person's care plan had specific information recorded with regards to their eating and drinking needs. This included information from professionals, such as Speech and Language Therapists (SALT) and dieticians. We saw that people were being weighed regularly. The service had made appropriate referrals to other healthcare professionals, such as the falls team, and Occupational Therapists (OT) where appropriate. This meant that people were getting care and support which was right for them and met their needs. A visiting family member told us they were involved in their relative's care plans or knew that they were available for them to look at.

Additionally, there was a document in place for each person called 'My life story,' this described key information about the person and where they were born and how they grew up. We saw for one person this document contained a detailed amount of information with regards to their clinical diagnosis and how it affects them day to day. This was helpful for staff, as this enables them to understand what specific support the person needed and what they need to do to put this in place.

There was a programme of activities on the communal board, and people told us they liked the activities.. The registered manager had identified that not enough activities were taking place for people and was in the process of recruiting a full time activities co-ordinator in order to provide some variation and give people more choice. The staff completed regular activities with people, and singers regularly attended the home which people said they enjoyed. The registered manager had also organised a family activity day which was taking place at the home in the next week.

People's equality and human rights were respected. People were supported to follow their religious beliefs and engage in friendships within and outside of the home. Equality and diversity support needs were assessed from the outset. People's right to vote had been explored with each person, which included accessible information centred around how that person chose to vote. Accessible information is information presented in way which is meaningful for the person and supports them to communicate their needs. For example, the care plan stated, 'How will this person vote?'. The response was recorded.

Information around diverse choices was recorded. For example, people had been asked whether they wanted their bedroom door closed or open at night. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage and included age, religion, gender and medical conditions/disabilities. This meant that the registered provider was assessing all areas of care which needed to be supported and established how such areas of care needed to be appropriately managed.

There was a complaints process in place for people to express their concerns. There had been three

complaints in the home which we tracked through and saw that they had been responded to appropriately.

Staff were trained in end of life care and there was information recorded in people's care plans which described any specific arrangements in place when they were at the end of their life

Is the service well-led?

Our findings

At our last inspection, we found that some of the quality assurance systems needed improving in some areas, particularly in relation to checks on the environment, as they had not identified the concerns we highlighted in our last inspection. We saw new documentation had been introduced which included the maintenance person and the registered manager signing repairs off together so actions did not get missed.

There was a registered manager in post who was registered with CQC and who had been in post for 12 months.

Everyone we spoke with, without exception, told us that the home had improved since the registered manager had taken up post. All of the staff we spoke with said the manager was approachable and they felt they could raise any concerns with them and they would be addressed without delay. Staff spoke equally as enthusiastically about the registered provider, who visited the home often.

We saw that audits were in place for medication, training, the environment, the kitchen, care plans, and incidents and accidents. We saw that audits had been amended to include details of actions taken when issues were highlighted. For example, we saw that one audit had highlighted the need for more assistive technology in relation to falls, as there were a high number of falls occurring in the dementia side of the home. The registered manager described how they had learnt from their falls analysis that more falls happened during the busy periods of the home. They had therefore increased the staffing level to reflect this. This shows that the registered manager is using their own statistics to improve service provision.

We saw that team meetings were taking place regularly, the last one had taken place in July and we viewed the minutes of these, as well as the previous months. We saw topics such as safeguarding, training and health and safety were discussed.

The service also regularly gathered and analysed feedback from people living there, the staff, and relatives. We saw that no issues had been raised in the last feedback report.

The service worked well with the local hospitals to support people safely transition into Abbegale Lodge.

There were policies and procedures in place for staff to follow, the staff were aware of these and their roles with regards to these policies.

The registered manager was aware of their roles and responsibilities and had reported all notifiable incidents to the Care Quality Commission as required. The ratings were clearly displayed in the communal area from the last inspection and on the registered providers webpage.